



Bib Data Sheet



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SERIAL NUMBER 09/474,671	FILING DATE 12/29/1999 RULE -	CLASS 711	GROUP ART UNIT 2759	ATTORNEY DOCKET NO. FDC-0149-PUS
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE**

**

GRANTED ** 02/08/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	3	7	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

LAWRENCE G ALMEDA
BROOKS & KUSHMAN PC
1000 TOWN CENTER
22ND FL
SOUTHFIELD ,MI 480751351

TITLE

SYSTEM AND METHOD FOR APPROVING A LIMIT OF CHECK CASHING OVER TIME

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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 P.O. Box 1450
 Alexandria, Virginia 22313-1450
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CONFIRMATION NO. 2544

SERIAL NUMBER 09/474,671	FILING DATE 12/29/1999 RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. FDC-0149-PUS
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APPLICANTS

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DANIEL R. AHLES, HOUSTON, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/08/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	DRAWING 3	CLAIMS 7	CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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22045
 BROOKS KUSHMAN P.C.
 1000 TOWN CENTER
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 48075

TITLE

SYSTEM AND METHOD FOR APPROVING A LIMIT OF CHECK CASHING OVER TIME

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit